

Rehabilitation Psychology Emphasis Area Training

Psychology Service at the VA Palo Alto Health Care System (VAPAHCS) will offer one **two-year postdoctoral fellowship training position** with a Rehabilitation Psychology emphasis for the 2015-2017 training years. Postdoctoral training at VA Palo Alto builds on the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology (clinical assessment, diagnosis, and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation; awareness of and sensitivity to professional, ethical, legal, and diversity issues). The training program offers the first year of Rehabilitation Psychology emphasis area training as part of the existing APA-accredited Clinical Psychology Postdoctoral Fellowship*, with the second year as an unaccredited advanced Rehabilitation Psychology-focused fellowship contingent on satisfactory completion of the first year of training.

Training in this emphasis area will focus on general and advanced practice competencies in rehabilitation psychology, neuropsychological assessment, and interventions for individuals with a variety of injuries, disabilities, and chronic health conditions. These may include traumatic brain injury, polytrauma, stroke, tumor resection, encephalopathy, motor disorders, neuromuscular and autoimmune disorders, other CNS neurological disorders, knee or hip replacements or general deconditioning, multiple sclerosis, spinal cord and related disorders, impairments in sensory functioning such as deafness and hearing loss and/or blindness and vision loss, burns and/or disfigurement, psychiatric disability, substance abuse, and impairments that may be compounded by cultural, educational and/or other disadvantages.

The postdoctoral training program has been developed in accordance with the Division 22 – Rehabilitation Psychology training guidelines, the 2011 Baltimore Conference on Rehabilitation Psychology Postdoctoral Training, and the APA guidelines from the National Conference on Postdoctoral Training in Professional Psychology. The program will provide trainees with the experiences required to meet eligibility requirements for the American Board of Professional Psychology (ABPP) Diploma in Rehabilitation Psychology through the American Board of Rehabilitation Psychology (ABRP). The training is designed to enhance clinical knowledge and skills based on a biopsychosocial framework in order to improve health and function, improve psychological adjustment, maximize self-care, develop adaptive and compensatory behaviors, enhance caregiver functioning, effectively use assistive technology and personal assistance services, increase independence and social participation, and reduce secondary health complications.

As outlined by ABRP guidelines, these competencies include opportunities to conduct assessment activities in the following areas: a) adjustment to disability (patient and family); b) extent and nature of disability and preserved abilities; c) educational and vocational capacities; d) personality/emotional functioning; e) cognitive abilities; f) sexual functioning; g) decision making capacity; h) pain; i) substance use/abuse identification; and j) social and behavioral functioning. Intervention opportunities include the following: a) individual therapeutic interventions related to adjustment to disability; b) family/couples therapeutic interventions related to adjustment to disability; c) behavioral management, and d) sexual counseling with disabled populations. The Fellow is expected to be involved in direct consultation activities, teaching and supervision opportunities, and research activities related to competencies in Rehabilitation Psychology.

During the training period, the Fellow will obtain clinical experience in both inpatient and outpatient neuro-rehabilitation units/services offered at VAPAHCS. The Fellow has the opportunity to receive specific training at the following treatment centers and programs:

- a) Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC)

- b) Polytrauma Transitional Rehabilitation Program (PTRP)
- c) Spinal Cord Injury (SCI) inpatient unit and/or outpatient clinic
- d) Western Blind Rehabilitation Center (WBRC)
- e) Neuropsychological Assessment and Intervention Clinic

The Fellow may also elect to complete mini-rotations at the Assistive Technology Lab, Veterans Recovery Center, or the Family Therapy Program, and attend workshops and seminars within the scope of Rehabilitation Psychology. The Rehabilitation Psychology training faculty consists of Stephen Katz, Ph.D., Carey Pawlowski, Ph.D., Laura Peters, Ph.D., Neda Raymond, Ph.D., Jon Rose, Ph.D., Jonathan Sills, Ph.D., Tiffanie Sim, Ph.D., ABPP-RP, John Wager, Ph.D., Maya Yutsis, Ph.D., ABPP-CN, and Harriet Zeiner, Ph.D.

The individualized training plan for the Rehabilitation Psychology emphasis area Fellow will be developed with the assistance of a primary preceptor who will help plan the Fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the Rehabilitation faculty will serve as supervisors during the fellowship year. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the emphasis area-specific competencies. The Fellow may also be involved with research conducted within the Polytrauma System of Care or affiliated research program. These research opportunities may include program evaluations and/or studying the effectiveness of treatments for traumatic brain injuries, spinal cord injuries, and posttraumatic stress disorders for this population of patients. Consistent with scientist-practitioner training in psychology, the Fellow will dedicate one day per week to research and/or developing an educational dissemination or program evaluation project. The preceptor will also supervise research activity throughout both training years.

During each year, the Fellow will be assigned to one six month full-time (i.e., PRC/CRC or PTRP) rotation along with two six month half-time rotations. Fellows will receive a minimum of four hours of supervision from Psychology staff per week, with at least two hours provided as individual, face-to-face supervision and other supervision offered in group supervision or as part of team meetings, review of written reports, etc.

The Fellow will also attend the Psychology Postdoctoral Fellowship seminar series, case conference/journal club, and the Neuropsychology/Geropsychology Seminar series during the first year, but not the second year. The focus of the first year is to provide structure and guidance to prepare the Fellow for state licensure. During the second year, the focus will shift to preparation for board certification in Rehabilitation Psychology.

Rotation Sites:

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Building 7, PAD)

Supervisors: Neda Raymond, Ph.D.

Tiffanie Sim, Ph.D., ABPP(RP)

1. Patient Population: Active duty service persons or veterans with a traumatic brain injury or polytrauma whose parents live in the western US. In addition to traumatic brain injury, diagnoses include cerebrovascular accidents (strokes); tumor resection; encephalopathy or any CNS neurological disorder; patients with motor disorders (Parkinson's, MS, ALS); patients with knee or hip replacements, deconditioning or fall risk; or who have undergone amputation.

2. Psychology's role: Psychology's role is to be available as people are in the process of re-inventing themselves after a major physical and/or neurological trauma. Psychology also provides neuropsychological assessment for patients who have had a TBI or other neurological impairments or concerns. We treat patients individually and educate patients, families and staff about the best ways to deal with neurological and/or physical impairments. Psychology functions as an important member of the interdisciplinary team.

3. Other professionals and trainees: Psychiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, vision-rehabilitation specialists, recreation therapists, military liaisons, as well as psychology interns/fellows and other discipline-specific trainees.

4. Nature of clinical services delivered: Brief assessment; extended neuropsychological/psychological assessment with feedback to the interdisciplinary team as well as to the patient and patient's family; decisional capacity evaluations; psychotherapy for the patient and his/her family, and education to patients, family, and staff regarding the effects of neurological impairment on behavior and emotions. Cognitive rehabilitation is often used in treating patients. Behavioral plans are developed and implemented to help with managing and promoting adaptive behaviors and treatment engagement. Neuropsychological experience in this setting is typically longitudinal rather than cross-sectional. Patients are followed from the acute phase through the recovery of cognitive functioning until the patient is ready for discharge.

5. Fellow's role: The fellow serves as an apprentice, performing all roles of the staff rehabilitation psychologist/neuropsychologist. The fellow will be involved with neuropsychological assessment, individual and family psychotherapy, provision of psychoeducation and team consultation, and will function as a resource for staff in all behavioral matters.

6. Amount and type of supervision: 2 hour per week individual supervision, 2 hours per week supervision in team sessions, on site availability during the day (supervisor is present on the ward or available via phone).

7. Didactics: 1.5 hours twice per month in neuropsychology seminar, assigned readings, and educational rounds.

8. Pace: Rapid in terms of responsiveness to consults and patients (each patient is seen for approximately 1 hour/day 2-4 days/week for several weeks and up to several months). Fellows typically see 4-5 patients as a caseload. Total number of patients seen per rotation averages 20-30. Neuropsychological assessment; psychotherapy; psychoeducation to patients and families; determination of capacity for decision-making; determination of amount of supervision needed for patient at discharge; determination of whether patient is capable of returning to work/school; behavioral management planning and implementation; electronic charting including report writing and progress notes; and regular team consultation and education are all managed. All patients are seen within 72 hours of admission for an initial assessment, team report within 1 week, and neuropsychological report within 3 weeks.

The Palo Alto Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC), an 18-bed Rehabilitation Medicine Service inpatient unit, provides acute care to patients with polytrauma resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of polytrauma include traumatic brain injury (TBI), hearing loss, fractures, burns, amputations, and visual impairment. The PRC/CRC provides interdisciplinary evaluation and treatment to patients suffering from cognitive, sensory and motor problems, and adjustment to serious disabilities. The objective of the PRC/CRC is to increase patients' functional independence and quality of life. The team consists of psychologists, physicians (psychiatrists), nurses, speech and language pathologists, vision-rehabilitation specialists, occupational therapists, physical therapists, recreational therapists, social workers, and case managers. A number of military liaisons also work within the interdisciplinary team, in order to facilitate treatment and discharge planning for active duty service members.

The psychologists on this service provide assessment and treatment services directly to patients, as well as consultation services to the treatment team. The direct service component includes: neuropsychological and psychodiagnostic testing, writing prognostic treatment plans, individual supportive psychotherapy, cognitive rehabilitation, behavior management, and family intervention. The consultation component includes: bi-weekly staff meetings, participating in family conferences, conducting educational rounds, and developing educational and research programs on the unit.

Psychology training focuses on patient care, family education, and team consultation services. Fellows will participate in the full spectrum of psychological services offered on this unit, as described above. As these patients often stay for some time, and may be seen by psychology daily, the fellow has an opportunity to compare the patient's everyday behavior with the results of their testing, and to observe functional change across time. The emphasis on longitudinal exposure to neuropsychologically involved patients is in direct contrast to the cross-sectional approach of consulting and liaison assessment rotations.

Reviewed by: Tiffanie Sim, Ph.D., ABPP(RP)
Date: 11/25/14

Polytrauma Transitional Rehabilitation Program (PTRP) **(Building MB2, PAD)**

Supervisors: Carey Pawlowski, Ph.D; Rehabilitation Psychology Emphasis
Maya Yutsis, Ph.D., ABPP-CN; Neuropsychology Emphasis

- 1. Patient Population:** Active duty service members and Veterans with a recently acquired brain injury or Polytrauma (1 month to 1 year post injury).. Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), tumor resection, encephalopathy or any CNS neurological disorder, motor-neuron disorders (Parkinson's, MS, ALS), and complex psychiatric history including PTSD, depression, anxiety, bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.

- 2. Psychology's role:**

Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management planning, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide psychological care to patients who sustained a recent life-altering physical and neurological trauma.

Neuropsychology's role is to serve as diagnostic consultants to interdisciplinary staff, describe patient's cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, lead cognitive consensus, complete decision making capacity evaluations, and provide psychoeducation to patients and their families.

- 3. Other professionals and trainees:** Physiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists , psychiatrist, recreation therapists, low-vision specialists, military liaisons, as well as psychology interns, fellows and other discipline-specific trainees.

- 4. Nature of clinical services:**

Rehabilitation Psychology: Individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team ,patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; psychosocial adjustment and wellness groups and cognitive rehabilitation groups (each group for 3 months); psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings.

Neuropsychology: Comprehensive neuropsychological and personality assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions, and psychosocial adjustment and wellness groups (each group for 3 months); leading cognitive consensus to develop individualized plan for taught-on-PTRP compensatory strategies based on patient's neuropsychological, speech pathology, and occupational assessment profiles; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions. Repeat neuropsychological assessments are administered at admission, mid-treatment, and at discharge.

5. **Fellow's role:** Fellows are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They take primary responsibility for performing all aforementioned roles of the staff rehabilitation psychologist and/or clinical neuropsychologist under supervision and within the context of a supportive training environment. Fellows also have an opportunity to supervise psychology interns on this rotation.
6. **Supervision:** 1 hour per week individual supervision (on half-time rotations); and 2 hours per week supervision in team sessions. Drop-in consultation is encouraged, and supervisors are available on site during the day (on the unit or via phone).
7. **Didactics:** 2 hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.
8. **Pace:**
Rehabilitation Psychology: One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of three to four individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group (2x week for 3-6 months); co-lead cognitive rehabilitation groups (2x week for 3-6 months); attendance of morning rounds and interdisciplinary meetings (IDT weekly on Mondays), participation in family meetings (1-2 over the admission course), Total number of patients seen per rotation averages 16-20.

Neuropsychology: One neuropsychological assessment weekly (typically 5-6 hour battery), with initial preliminary note within 24 hours following each visit and complete neuropsychological report within 5 days; co-lead cognitive rehabilitation groups (2x week for 3-6 months); lead psycho-social adjustment and wellness group (2x week for 3-6 months); decision making capacity evaluations on admission, mid-treatment, and at discharge; 1 case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance of interdisciplinary meetings (IDT on Monday afternoons weekly); participation in family meetings (1-2 over the admission course). Total number of patients seen per rotation averages 16-20.

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of four comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center (PRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach).

As the name implies, the **Polytrauma Transitional Rehabilitation Program (PTRP)** is a transitional program designed to take the residential patient with a brain injury from acute inpatient rehabilitation to living in the community or return to military duty. Typically, patients are moderately to severely impaired neurologically, although generally medically stable and able to participate in comprehensive and intensive rehabilitation toward re-developing home and community roles. The program is considered residential and milieu based. Patients live on the unit (MB2A) during the initial phase of the program and may transition to living in an apartment in the community. Length of stay

varies according to particular patient goals and progress, but a typical length of stay in the PTRP is three to five months.

Given the polytraumatic nature of the trainees in the PTRP, fellows will not only have the opportunity to work with patients on issues related to brain injury/neurological impairment but potentially poly-morbid conditions such as PTSD, visual impairment, amputations, orthopedic injuries, etc. The PTRP operates in a truly interdisciplinary method. Collaboration is key, with various disciplines working together and mutually reinforcing specific patient goals (e.g., cognitive enhancement and compensation, physical health and wellness, life skill development, psychosocial adjustment, etc.). Cognitive rehabilitation retraining is woven throughout the program. The interdisciplinary treatment team works with each patient to meet his or her specific community re-entry goals as well as the criterion goals of the three program phases: (1) Foundation-building; (2) Skill-building; and (3) Community application.

With all of the above in mind, the PTRP staff not only have an opportunity to get to know the patients (and often their families) quite well, we also have the opportunity to help them enhance their quality of life while resuming and adapting to various roles in their homes and in the community. The community-integration focus makes this setting a unique opportunity for clinicians to observe, guide, and provide feedback to patients while they are engaging in “real life” events (ranging anywhere from successfully maneuvering through all of the steps necessary to attend a baseball game in the community to developing a comprehensive life-goal plan such as attending college or obtaining employment.)

On the PTRP rotation, it is our sincere hope that the fellow continues on his or her professional development pathway while enhancing versatile rehabilitation psychology skills in assessment, counseling, consulting, and educating. As supervisors, our mutual aim is to provide plentiful support while promoting the fellow’s increasing sense of responsibility and independence as such skills develop, thereby fostering a sense of professional identity and self-efficacy.

Reviewed by: Maya Yutsis, Ph.D., ABPP-CN & Carey
Pawlowski, Ph.D.

Date: 11/25/14

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: Harriet Katz Zeiner, Ph.D

- 1. Patient population:** Medical patients with neurological impairments and sometimes psychiatric co-morbidities (usually PTSD or depression) from ages 18 to 65. Most patients are neurologically impaired: traumatic brain injury, tumor, anoxic injury, stroke, learning disabilities, attentional deficit disorder, HIV, multiple sclerosis, or have suspected cognitive decline of unknown origin. Some are multiply diagnosed with medical and psychiatric problems. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.
- 2. Psychology's role:** We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide psychoeducation, cognitive retraining embedded in individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families
- 3. Other professionals and trainees:** Neuropsychology practicum students, Psychology interns and Psychology postdoctoral fellows.
- 4. Nature of clinical services delivered:** We evaluate patients' cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Fellows are expected to treat some of the patients in individual therapy, after the initial assessment. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment. Modified Prolonged exposure therapy is sometimes embedded in the CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. In CRATER Therapy, most patients are seen by the same therapist who also treats their significant other.
- 5. Fellow's role:** Fellows take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data with patients and sometimes, their family members. Feedback is given to patients and/or their families. Some patients are seen for cognitive retraining and individual and/or family psychotherapy and training in software and prosthetic electronic devices. Fellows also supervise practicum students, and learn to run an outpatient consulting neuropsychological clinic. Fellows are also expected to participate in the Fast Neuropsychological Response Consultation Service. This is a consultation service to the acute medical inpatient units. Fellows have one on-call day every month where they can respond to immediately to questions the inpatient teams have concerning a patient with a quick same-day service turn-around time.
- 6. Amount and type of supervision:** Individual supervision (1 hour) is provided on a weekly basis, additional drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for an additional 1 hour per week.
- 7. Didactics:** There is a 1.5 hour required didactic and group supervision held weekly in the NPI&A Clinic. Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged. Arrangements can be made to observe brain cutting in the Neuropathology Laboratory. Attendance at the Neuropsychology/Geriatric/Rehabilitation Seminar weekly is preferred.
- 8. Pace:** Fellows typically carry 4 cases at a time to evaluate. Time to test a patient and do the write-up optimally would be 30-45 working days.. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the Fellow. Providing patients and referral sources with treatment recommendations is emphasized. Fellows are expected to provide up to 4 hours per week of

psychotherapy with neurologically impaired individuals or individuals and their family members. Cognitive retraining is often embedded in the psychotherapy. One on-call day/month for neuropsychological consult to acute medical units (medicine, neurology, neurosurgery, step-down units) is required as well.

Reviewed by: Harriet Zeiner, Ph.D.

Date: 8/7/13

Spinal Cord Injury Service (Building 7, PAD)

Supervisors: Stephen Katz, Ph.D.

John Wager, Ph.D.

See description in Geropsychology emphasis area section

Spinal Cord Injury Clinic (Building 7, F wing, PAD)

Supervisor: Jonathon Rose, Ph.D.

See description in Geropsychology emphasis area section

The Western Blind Rehabilitation Center (Building 48, PAD)

Supervisor: Laura J. Peters, Ph.D.

Greg Goodrich, Ph.D., Research Psychologist

See description in Geropsychology emphasis area section

Mini-Rotation Sites:

Family Therapy Program (Building 321, MPD)

Supervisor: Douglas Rait, Ph.D., Director

The Family Therapy Program at the VA Palo Alto Health Care System has an international reputation as a center devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program's educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Our training comfortably represents differing systemic theoretical orientations that include structural, psychoeducational, integrative behavioral, and emotionally focused approaches to couples and family treatment. Training in the Family Therapy Program concentrates first on fundamental systemic assessment and treatment skills that most family therapists draw upon, and exposure to specific evidence-based clinical approaches is provided. Throughout their rotations, psychology postdoctoral fellows are asked to continually define their evolving, personal models of psychotherapeutic process and change. In addition to careful case conceptualization, treatment planning and responsible execution, we encourage curiosity, individuality, and inventiveness.

Patient Population: Couples and families are directly referred to the Family Therapy Program's clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System and from the community. During his or her rotation, each postdoctoral fellow can expect to see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.

Other professionals and trainees: Program staff include a psychologist and two social workers. In addition to training psychology interns and postdoctoral fellows, the Family Therapy Program also provides family therapy training for residents and medical students through Stanford University's Department of Psychiatry and Behavioral Sciences. Finally, the program provides consultation and teaching to services and interdisciplinary staff throughout the Palo Alto VA Health Care System.

Nature of clinical services delivered: Consistent with the VA's emerging commitment to treating couples and families, the Family Therapy Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy from a structural, integrative behavioral, and emotionally focused perspective, and family psychoeducation. Interested trainees may also have the opportunity of co-lead couples groups and multiple family therapy.

Fellow's role: Psychology postdoctoral fellows are typically assigned to the Family Therapy Program for either six months or a full year as a mini-rotation that can be combined with other half-time rotations offered by the psychology postdoctoral fellowship program. Postdoctoral fellows who are assigned during the second rotation (March-August) are expected to continue working through the third week of August. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests. Dr. Rait's current research focuses on the therapeutic alliance in couple therapy, couple therapy process and outcome, and the Family Therapy Program is participating in a national, multisite VA study of mechanisms of change in couple therapy. **Note:** With expected staffing increases, the Family Therapy Program may be able to offer a half-time rotation, although the specific timing of this expansion is presently unclear.

Amount and type of supervision: The primary format for supervision is group consultation, where trainees present couples or families for live and videotaped consultation. In this context, trainees

have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up, and sessions are routinely videotaped. Direct observation of therapy sessions conducted by trainees is a part of the clinic's everyday routine.

Didactics: Didactics are woven into the training during Thursday morning clinic. In addition, the postdoctoral fellows are provided with a list of comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy.

Pace: The usual caseload for psychology interns and postdoctoral fellows is two to three couples or families.

Summary. Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, postdoctoral fellows participating in the program need not plan to spend the majority of their professional time specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope that the training experience in the Family Therapy Program will stimulate postdoctoral fellows' creativity, intelligence, and resourcefulness in their ongoing development as mental health professionals.

For additional information about the Family Therapy Program, please contact Douglas Rait, Ph.D. at (650) 493-5000, extension 24697.

Reviewed by: Douglas Rait, Ph.D.
Date: 7/14/11

Assistive Technology Lab (Building 7, PAD)
Supervisor: Jonathan Sills, Ph.D.

For additional information about the AT lab, please contact Jonathan Sills, Ph.D. at (650) 493-5000, extension 67236.